

BOOK 365 PAGE 114-115  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Martin Milano*  
2003 AUG 29 PM 2:18

APN# 03-514-0103-514-02

Recording Requested by:

Name Martin Milano

Address HC66 Bc2-16

City/State/Zip Beove, NV 89821

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 39<sup>00</sup>-

**182430**

Quitclaim Deed

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fees)

This cover page must be typed or printed.

RPTT:  
APN: 03-514-01 & 6-514-02

# QUIT CLAIM DEED

THIS INDENTURE WITNE That the GRANTOR(S): Ethel D. Milano (mother)

for and in consideration of Ten thousand Dollars (\$ 10,000 ) do hereby QUIT CLAIM the right, title and interest, if any, which GRANT may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): Martin D. Milano (son)

whose street address is (if applicable): \_\_\_\_\_, situate in the City of Beowawe County of Elko, State of Nevada

bounded and described as follows: (forth legal description)

Parcel #'s 003-14-01 and 003-514-02, District 4-0, Roll # 002908 and 002909, T31N, R49E Sec. 5. Lots 7 & Beowawe, and T1N, R49E sec 5, Beowawe

Together with all and singular heretment and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hunto set my hand/our hands on 8-28-03

Ethel D. Milano  
Signature of Grantor

Martin D. Milano  
Signature of Grantor

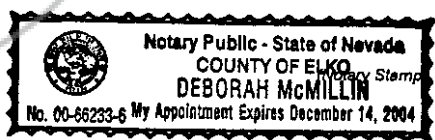
Ethel D. Milano  
Print or type name here

Martin D. Milano  
Print or type name here

STATE OF Nevada  
COUNTY OF Elko

This instrument was acknowledged before me on (date) Aug. 28th 2003  
By (person(s) appearing before notary public) Ethel Hunt Milano & Martin Dominic Milano

Deborah McMILLIN  
Notary Public  
My commission expires: Dec. 14, 2004



RECORDING REQUESTED BY AND MAIL TAX STATE TO  
Name: Martin D. Milano  
Address: HE 66-2-16-  
City/State/Zip: Beowawe, N. 89821

THIS SPACE FOR RECORDERS USE ONLY

# STATE OF NEVDA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>182430</u>
Book:	<u>365</u> Page: <u>114-115</u>
Date of Recording:	<u>8/29/03</u>
Notes:	

1. Assessor Parcel Numr (s)
- a) 003-514-01
  - b) 003-514-02
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

2. Type of Property:
- |                             |              |  |                 |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnh   | d) <input type="checkbox"/>            | 2-4 Plex        |
| e) <input type="checkbox"/> | Apt. Bldg.   | f) <input type="checkbox"/>            | Comm'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/>            | Mobile Home     |
| i) <input type="checkbox"/> | Other        |  |                 |

3. Total Value/Sales Pe of Property:
- |   |             |
|---|-------------|
| Deed in Lieu of Forecure Only (value of property) | \$ _____    |
| Transfer Tax Value:                               | \$ _____    |
| Real Property Transfeax Due:                      | \$ <u>0</u> |

4. If Exemption Claimed
- a. Transfer Tax Exenon, per NRS 375.090, Section: 11
  - b. Explain Reason for exemption: Transfer from mother to son

5. Partial Interest: Perntage being transferred: 100 %

The undersigned declarend acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that information provided is correct to the best of their information and belief, and can be support by documentation if called upon to substantiate the information provided herein. Furtherre, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.0 the Buyer and Seller shall be jointly and severally liable for any additional amount owe

Signature \_\_\_\_\_ Capacity mother transferor  
 Signature Martin D. Milane Capacity son / new owner

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Ethel D. Milane  
 Address: 511 Tava way  
 City: PLC  
 State: NV Zip: 89801

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Martin D. Milane  
 Address: HCC-2-16  
 City: Beaverton  
 State: NV Zip: 89821

### COMPANY/PERSONEQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUB RECORD THIS FORM MAY BE RECORDED)